

HEPATITIS B VACCINE REFUSAL STATEMENT



I understand that my job may put me at risk to be exposed to blood and other possibly infectious body fluid substances.

These substances may put me at risk for the Hepatitis B virus (HBV).

I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. However, at this time I refuse the Hepatitis B vaccination.

I understand by refusing this vaccination I continue to be at risk for the Hepatitis B virus, a serious disease.

I also understand I can receive this vaccination series at any time during my employment.

_____	_____
Print Name	Date
_____	_____
Signature	Date
_____	_____
Witness	Date
_____	_____
Notary	Date

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